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| Application No. | Applicant(s) | | | | | | | |
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| 09/804,669 | EVANS, DAVID A. | | | | | | | |
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| (Assistant Examiner) (Date) | | | | | | | Total Claims Allowed: | | | | | | | | |
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| ☐ Claims renumbered in the same order as presented by applicant ☐ | | | | | | | ☐ CPA | | | ☐ T.D. | | | ☐ R.1.47 | | | | | | |
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